	PATENT	APPLICATIO Effec	RD	Application or Docket Number 9/892921									
CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER	THAN	
TO	OTAL CLAIMS		(Column 1)		(Column 2)		_	PE [OR			
con							—	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		P/	BASIC FEE 355.00		OR	BASIC FEE	710.00	
\vdash	TAL CHARGEA		34 minus 20=		• /4			X\$ 9=		OR	X\$18=	252	
	DEPENDENT CI		5 minus 3 =		. 2			X40=		OR	X80=	160	
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT						+135=		+270=	70-	
* If the difference in column 1 is less than zero, enter						1 1			-	OR OR	TOTAL	1192	
CLAIMS AS AMENDED - PART II										JO.,	OTHER		
_	(Column 1) (Column 2) (Column 3)							MALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 67	Minus	<u>• 3</u>	<u>Y</u>	= 33	,	X\$ 9=		OR	X\$18=	594.~	
AME	Independent	• /0	Minus	··· 5	-	-5-	X40≈			OR	X80=	430,-	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-135=		OR	+270=		
								TOTAL		• • •	TOTAL	1024	
		ADi	DIT. FEE		OR .	ADDIT. FEE	1034						
SNT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colur HIGH NUM PREVIO PAID	EST BER DUSLY	(Column 3) PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
MO	Total	•	Minus	**	, 0,1,	=	Ι,	(\$ 9=			X\$18=	FEE	
AMENDMENT	Independent	•	Minus			2	\vdash			OR			
4	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	ENDENT	CLAIM	м		K40=		OR	X80=		
								135=		OR	+270≃		
							ADD	TOTAL HT. FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colur		(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=	×	\$ 9=		OR	X\$18=	;	
	Independent	•	Minus	***		3		(40=			X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270≃		
***	Total ADDIT. FEE "If the "Highest Number Previously Paid For" (N THIS SPACE is less than 3, enter "20." The "Highest Number Previously Paid For" (N THIS SPACE is tess than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

FORM PTO-675 (Rev. 8/00)

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